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									Application or Docket Number							
	PATENT APPLICATION FEE DETERMINATION RECOIL Effective November 10, 1998										09/194825					
CLAIME AC ELED DADT I																
(Column 1) (Column 2)								•	TYP			OR		R THAN ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RAT	E	FEE	]	RATE	FEE		
BASIC FEE											380.00	ОЯ		+60:00		
TOTAL CLAIMS				minus	20=	•			X\$ 9	=		OR	X\$18=			
INDEPENDENT CLAIMS			A minus 3 =						X39=	3		OR	X78=	<i>!</i>		
MULTIPLE DEPENDENT CLAIM PRESENT									+130		•	OR	+260°	2/d		
• #	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	7		OR	TOTAL	1//////		
CLAIMS AS AMENDED - PART II										1			OTHER			
<u> </u>	(Column 1) (Column 2) (Column 3)							SMAL	T E	YTITM	OR	SMALL				
<b>AMENDMENT A</b>	6.21.04	REMA	UNING TER DMENT	·	PF	NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE /		RATE	ADDI- TIONAL FEE/		
	Total	• /	3_	Minus	•	20	- /		X\$ 9=	.		ОЯ	X\$18=			
	todependent • 2			Minus		<u>3</u>	-/		X39=	7		OR	X78=			
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<b>+130</b> -			OR	+260=			
									YOTA			OR	TOTAL			
	(Column 1) (Column 2) (Column 3)									æL		,	ADDIT. FEE			
AMENDMENT B	•	CU	UNING			HIGHEST		Г		1	ADDI-	1		ADDI-		
		AF	TER DMENT		PA	NUMBER EVIOUSLY WID FOR	PRESENT EXTRA		RATE	ľ	TIONAL FEE		RATE	TIONAL FEE		
	Total	•		Minus	**		=	ſ	X\$ 9=	7		OR	X\$18=			
	Independent	<u> -</u>		Minus	***		•	ľ	X39=	7		OR	X78=			
Ì	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+		Un				
								L	+130=	_		OR	+260=			
										EL		OR ,	TOTAL VOOIT, FEE			
		(Colu				olumn 2)	(Column 3)									
AMENDMENT C		REMA AFT AMENO	INING EA	·	PA	IIGHËST IUMBER EVIOUSLY NID FOR	PRESENT EXTRA	ſ	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•		Minus	*		•	Ī	X\$ 9=	1		OR	X\$18=	, h.s.		
	Independent	•		Minus			•	H	X39=	十		ı		——I		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								~=	1		OR	X78-			
<b>.</b> -	lika arta. I	# t- *							+130=			OR	+260=	ľ		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OPTAL ADDIT. FEE  **OPTAL ADDIT. FEE  **OPTAL ADDIT. FEE												TOTAL DOIT FEE				
1	r the "Highest Num The "Highest Num	nioer Previ	nously Paid Susty Paid	REPORTED THE	SPA Indep	UE IS POSS the endent) is the	n 3, enter "3." highest number			_	opriete box	-				

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